

Registered pharmacy inspection report

Pharmacy Name: Greenlight Pharmacy, 6 The Broadway,
Cricklewood, LONDON, NW2 3HD

Pharmacy reference: 1040555

Type of pharmacy: Community

Date of inspection: 30/06/2023

Pharmacy context

The pharmacy is in a mixed commercial and residential area of northwest London. It sells over-the-counter medicines and provides health advice. It dispenses NHS and private prescriptions. Services include delivery, supervised consumption, emergency hormonal contraception, COVID-19, travel and seasonal flu vaccinations, and community pharmacist consultation service, discharge and new medicines services. The pharmacy supplies medicines in multi-compartment compliance packs for people who have difficulty managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. Members of the team follow suitable written instructions to help them manage the risks associated with providing services and working safely. They mark prescriptions for high-risk medicines so they can give people the support they need to use them properly. The pharmacy's team members record their mistakes to learn from them and take appropriate action to stop the same mistakes happening again. The pharmacy keeps the records it needs to show that medicines are supplied safely and legally. The pharmacy team members safeguard people's private information. And they are trained in how they can protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team recorded their mistakes so they could spot patterns or trends with the types of mistakes, and they discussed them to learn from them and reduce the chances of them happening again. The responsible pharmacist (RP) explained that medicines were generally stored with gaps between them, so they were separated from each other in the dispensary to help reduce picking errors. Each branch of the pharmacy reported their mistakes to the pharmacy's head office where they were collated and compared. Following an incident, pharmacy team members completed an incident report to reflect and think of ways to minimise the risk of further similar incidents.

Members of the pharmacy team responsible for making up people's prescriptions used different coloured baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. The pharmacy had a stamp to endorse prescriptions and the member of the team who completed each stage of preparation, initialled the stamp imprint. This formed an audit trail identifying who dispensed, checked and handed out the assembled prescriptions. The RP completed clinical and final checks of each prescription. Team members showed interactions between medicines prescribed for the same person to the RP to check, follow up with the prescriber if necessary and record the intervention on the patient medication record (PMR). Members of the team verified someone's identity and asked what medicine they were expecting before handing out prescription medicines.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided such as COVID-19 vaccination service. SOPs had been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. Members of the pharmacy team knew what they could and could not do, what they were responsible for and when they might seek help. And their roles and responsibilities were described in the SOPs. A member of the team explained the sales protocol for selling pharmacy only (P) medicines and making over-the-counter (OTC) recommendations. The team knew when to refer repeated requests for medicines which were liable to misuse to a pharmacist.

The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it. At the time of the visit most of the measures to help protect people from the effects of the virus had been removed. The pharmacy team members washed their hands regularly and used hand sanitising gel

when they needed to. The pharmacy had a complaints procedure. And it conducted an annual patient satisfaction survey when it asked people for their views and suggestions on how it could do things better. People could also email the pharmacy's head office or speak to the pharmacy manager to complain or leave feedback.

The pharmacy displayed a notice that told people who the RP was, and it kept a record to show which pharmacist was the RP and when. It had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy maintained a controlled drug (CD) register which it made sure was kept up to date. And the stock levels recorded in the CD register were audited frequently. So, the pharmacy team could spot mistakes quickly. A random check of the actual stock of a CD matched the recorded amount in the register. The pharmacy kept records for the supplies of unlicensed medicinal products it made and the private prescriptions it supplied. And these generally were in order. The pharmacy administered COVID-19 vaccines under the National Protocol (NP) or patient group direction (PGD) and records of each vaccination were maintained on PharmOutcomes. The pharmacy team kept vaccines in a separate vaccine fridge and monitored and recorded the minimum and maximum temperatures to make sure they were stored correctly.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice on its website that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. And members of the pharmacy team were using their own NHS smartcards. The pharmacy computer was password protected. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacy team were signposted to the NHS safeguarding App.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together to manage the workload. They are comfortable about providing feedback on how to improve their services. The pharmacy encourages them to undertake ongoing learning relevant to their roles supporting them in keeping their skills and knowledge up to date.

Inspector's evidence

At the time of the visit, the pharmacy team consisted of the RP, a trainee pharmacist, a part-time pharmacy student, a part-time medicines counter assistant, two support staff who were from another branch of the pharmacy and a part-time delivery driver. The pharmacy relied upon its team to cover absences and sometimes support staff from another branch of the pharmacy covered absence.

The trainee pharmacist was undertaking training to achieve the required learning skills and outcomes during the foundation training year which was shared with a GP surgery. The pharmacy monitored training progress and the RP provided feedback on the trainee pharmacist. The pharmacy provided newly recruited team members with induction training and a level of supervision which depended on their role. New team members were enrolled on accredited training and allocated protected learning time. If needed, the new team members could get extra support on a one-to-one basis or at another branch. The pharmacy's head office monitored progress in training. The pharmacy team had completed training topics required for the pharmacy quality scheme (PQS).

Members of the pharmacy team worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales and self-care SOP which its team needed to follow. This described the questions the team member needed to ask people when making OTC recommendations. And when they should seek advice from a pharmacist. The team members had brief meetings throughout the day to discuss any issues or concerns or allocate tasks. The pharmacy team members had regular appraisals to identify development needs and they were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are bright and suitable for the provision of healthcare. The pharmacy is secured when it is closed to protect people's private information and keep the pharmacy's medicines safe.

Inspector's evidence

The registered pharmacy premises were bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a large retail area, a medicines counter, a smaller dispensary and a storeroom. There was seating for people who wanted to wait for their prescription. The pharmacy had wide double doors and a slight step from the pavement at the entrance. Some of its fixtures were dated. The pharmacy had a consulting room where people could have a private conversation with a team member. The dispensary had limited workspace. There was a designated area where prescriptions were checked by the RP. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to make sure its services are easily accessible to people who have different needs. Its working practices are generally safe and effective. And it obtains its medicines from reputable sources so they are fit for purpose and safe to use. Pharmacy team members highlight prescriptions for high-risk medicines and make sure people get the information they need to use their medicines safely. They store medicines securely at the right temperature and they keep records of regular checks to show medicines are safe to use. The team knows what to do if any medicines or devices need to be returned to the suppliers.

Inspector's evidence

The pharmacy had a wide entrance, but it was not level with the outside pavement. This made it harder for people who used a wheelchair, to enter the building. The pharmacy had a notice that told people when it was open. And other notices in its window told people about some of the other services the pharmacy offered. The pharmacy had seating for people to use if they wanted to wait. Members of the pharmacy team were helpful and they signposted people to another provider such as the doctor's surgery or a nearby pharmacy if a service was not available at the pharmacy. Members of the pharmacy team could speak or understand Arabic, Turkish, Kurdish, Gujarati, Hindi, Pashtu and Nigerian to help people whose first language was not English.

The pharmacy provided a delivery service to people who could not attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy used a disposable pack for people who received their medicines in multi-compartment compliance packs. The pharmacy team members managed prescription re-ordering for these people and confirmed changes in medication with the prescriber or the practice pharmacist in the surgery. They checked whether a medicine was suitable to be re-packaged. And provided a brief description of each medicine contained within the compliance packs. But they did not always provide patient information leaflets (PILs). But moving forward, the RP gave an assurance that PILs would be supplied with each cycle of compliance packs to make sure people had the information they needed to take their medicines safely.

Members of the pharmacy team could identify which of them prepared and handed out prescriptions. They marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. The RP described the protocols for handing out and counselling people on how best to take warfarin and methotrexate and recording therapeutic monitoring information on the PMR. The pharmacy provided the community pharmacist consultation service and received referrals from NHS 111. It provided the discharge medicines service and received emails with information to help people with their medicines on discharge from hospital. The RP followed up initial consultations for the new medicines service which helped people take newly prescribed medicines in the best way to improve their health outcomes.

The pharmacy also offered the COVID-19 vaccination service and it had appointed a COVID lead person to monitor the service. People could have a vaccination on a walk-in or appointment basis. A member of the pharmacy team recorded patient information and checked the person's identity, date of birth and their surgery details. The RP checked the person's eligibility, vaccination history, recent COVID-19 test result and current medication. If the person was clinically suitable to vaccinate, the RP gained consent, recorded the type of vaccine and administered it. The RP counselled the person on what to expect after being vaccinated. And informed the patient's usual doctor's surgery about the vaccination.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines several times a year. And kept a record of when it had done a date-check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely in line with safe custody requirements. The pharmacy team followed a procedure for handling obsolete medicines which were stored separate from stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. The pharmacy had glass measures for use with liquids, and some were used only with certain liquids. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. The pharmacy had the equipment required to provide the vaccination services such as sharps and clinical waste disposal bins and adrenaline injection devices to use in the event of an anaphylactic reaction to a vaccination. The pharmacy team disposed of confidential waste appropriately. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members used their own NHS smartcards.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.